



PTO/SB/17 (11-04)

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# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) **1,240.00**

## Complete if Known

Application Number	10/027,726
Filing Date	December 21, 2001
First Named Inventor	Colbert et al.
Examiner Name	Peter J. Lish
Art Unit	1754
Attorney Docket No.	11321-P011C1D8

## METHOD OF PAYMENT (check all that apply)

Check     Credit Card     Money Order

Deposit Account     None

Deposit Account Number  
23-2426  
Deposit Account Name  
Winstead Sechrest & Minick P.C.

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## FEE CALCULATION

### 1. BASIC FILING FEE

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid(\$)</u>
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____

**Subtotal (1) \$** \_\_\_\_\_

**Subtotal (2) \$** \_\_\_\_\_

### 2. EXTRA CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100

  

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP = _____	x _____ = _____	HP = highest number of total claims paid for, if greater than 20	_____

  

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP = _____	x _____ = _____	HP = highest number of independent claims paid for, if greater than 3	_____

  

<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	_____

**Subtotal (2) \$** \_\_\_\_\_

### 3. OTHER FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid(\$)</u>
1-month extension of time	120	60	_____
2-month extension of time	450	225	450
3-month extension of time	1,020	510	_____
4-month extension of time	1,590	795	_____
5-month extension of time	2,160	1,080	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	500	250	_____
Filing a brief in support of appeal	500	250	_____
Request for oral hearing	1,000	500	_____
Other: RCE	790.00		790.00

**Subtotal (3) \$ 1,240.00**

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 38.150	Telephone 512.370.2870
Name (Print/Type)	Ross Spencer Garsson	Date April 11, 2005	

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